

Foster Family Home - Corrective Action Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

94-238 Pupukui Street

Waipahu

HI 96797

Review ID: 1-560682-8

Reviewer: David Ayling

Begin Date: 1/4/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 1/4/19. Corrective Action Report issued during home visit with all items due to CTA by 2/4/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.(b)(1) - No written policies and procedures that relate to confidentiality and privacy rights of clients.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM #1 needs a current TB clearance. Expired on 8/3/17.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) - No job experience present for CG #4.

David Ayling
Compliance Manager

Enrica Asio
Primary Care Giver

1/4/19
Date

1/4/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ENRICA ASIO
CCFFH Address: 94-238 PUPUKU ST. WAIKANAHI HI 96797.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16(b)(1)	I have placed written policies and procedures for confidentiality and privacy rights, signed by all HHM's and CG's in my CTA binder. I have given a copy to all my clients.	2-7-19	I will give a copy of my policies and procedures for confidentiality to my new clients upon Admission.
41.(F)(1)	I have received a current TB clearance from HHM#1 and placed in my CTA binder	2-7-19	I have placed a list of TB (clearance) expiration for all CG's and HHM's in the front of my CTA binder and will check every month.

Primary Caregiver's Signature: Enrica Asio

Print Name: ENRICA ASIO

Date of Signature: 2/6/2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: ENRICA ASIO

CCFFH Address: 94-138 PUPUKUI ST. WAIKIKI HI 96797.

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
(3P)(9)(4)	I have recieved a completed job experience form from CG #4 and placed in my CTA binder	2-7-19	I will always get a current job experience form from new SCG's when I hire them and place in ^{my} CTA binder

Primary Caregiver's Signature: Enrica Asio

Print Name: ENRICA ASIO

Date of Signature: 2/6/2019